

TRAFFIC ACCIDENT REPORT	INCIDENT NUMBER	REPORT NUMBER	REPORT TYPE
	15AUG19-39KH-00437-14DMA	190230100437 VERSION 1	INITIAL

PRIVACY ACT STATEMENT
AUTHORITY: 5 U.S.C. 301; 10 U.S.C. 5031; 44 U.S.C. 3103 and EO 9397
PRINCIPAL PURPOSE: Used to record information and details of criminal activity which may require investigative action by commanding officers, supervisors, security police, NCIS special agents, etc. Used to provide information to the appropriate individuals within DoD organizations who ensure that proper legal and administrative action is taken.
ROUTINE USES: Information may be disclosed to local, county, state and federal law enforcement or investigatory authorities for investigation and possible criminal prosecution or civil court action. Information extracted from this form may be used in other related criminal and/or civil proceedings.
DISCLOSURE IS VOLUNTARY: SSN is used to positively identify the individual making the statement and as a conduit to check past criminal activity records.

ADMINISTRATIVE

Incident Subject : Multiple Motor Vehicle Collision (POV-GOV)

Date Received 15-AUG-2019	Time Received 1500	Incident Received By Telephone	Start Date / Time of Incident 15-AUG-2019 1455	End Date / Time of Incident 15-AUG-2019 1455
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Type of Accident Vehicle-Vehicle	Number Vehicles Involved 2	Severity 0 Number Killed 1 Number Injured No Property Damage
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Weather : Clear **Lighting :** Daylight

LOCATION

On/Off Base On	Road or Street on Which Accident Occurred Puuhawailoa Road	City, State/Territory, Zip/Postal Code, Country MCBH Kaneohe Bay , HI 96863 USA
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10 Feet S of Nearest Intersecting Street, Highway, or Other Permanent Landmark Identified as Building 6653

Kind of Locality : Highway/Road/Alley (includes street)

VEHICLE(S)

Vehicle # 1	Year 2018	Color White	Model 1500	Body Style Pickup	Make DODGE	Owner Name US GOVERNMENT
License Plate Hawaii / G420951V	DOD Decal N/A	Vehicle Identification Number (VIN) 1C6RR6KG5J5296558			Ownership Type US Federal Gov. - Appropriated	
Insurance Policy Number N/A	Insurance Company SELF INSURED			Insurance Expires On		

Other Identifying Marks : Pick up truck

Traffic Control/Road Conditions

Driving Lanes : Parking Lot	Character : Level, Straight
Surface : Blacktop	Conditions : Dry
Road Defects : No Defects	Traffic Control : No Traffic Signal

Contributing Circumstances and Driver Actions

Direction Headed : W	Vehicle Defects : None Noted	
Lawful Speed :	Estimated Speed at Impact :	Estimated Speed when Danger was First Noticed :
Distance Traveled after Impact :	Estimated Distance when Danger was First Noticed :	

Vehicle Damage

Severity of Damage : Functional Damage	Areas Damaged : 7 - Rear Left
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Towed By : Released to Driver **Towed To :** N/A

Vehicle # 2	Year 2018	Color Silver	Model 4350	Body Style Sedan (2DR/4DR)	Make MERCEDES-B	Owner Name (b) (6), (b) (7)(C)
License Plate Hawaii / TCF957	DOD Decal T7554522	Vehicle Identification Number (VIN) (b) (6), (b) (7)(C)			Ownership Type Private/Personal	
Insurance Policy Number (b) (6), (b) (7)(C)	Insurance Company USAA			Insurance Expires On 28-JAN-2020		

Other Identifying Marks :

Traffic Control/Road Conditions				
Driving Lanes : Parking Lot		Character : Level, Straight		
Surface : Blacktop		Conditions : Dry		
Road Defects : No Defects		Traffic Control : No Traffic Signal		
Contributing Circumstances and Driver Actions				
Direction Headed : S		Vehicle Defects : None Noted		
Lawful Speed :	Estimated Speed at Impact :	Estimated Speed when Danger was First Noticed :		
Distance Traveled after Impact :		Estimated Distance when Danger was First Noticed :		
Vehicle Damage				
Severity of Damage : Functional Damage		Areas Damaged : 4 - Right Rear Door		
Towed By : Released to Owner		Towed To : N/A		
DRIVER(S)				
DRIVER #1			Vehicle 1	
Name		ID Num	Rank	
(b) (6), (b) (7)(C)				
Branch of Service	Personnel Type	Status	Date of Birth	Place of Birth
Marine Corps	MILITARY	Regular (Active)	(b) (6), (b) (7)(C)	
Home Telephone			Work Telephone	
(b) (6), (b) (7)(C)				
Address				
(b) (6), (b) (7)(C)				
Organization			UIC / RUC	
MCAS DLNCIC20190417MAJ			M01071	
Drivers License		Limitations on License	Driving Experience	
(b) (6), (b) (7)(C) USA		None	4	
Seat Belt Use	Seat Occupied	Chemical Test Given	Chemical Test Refused	BAC PCT
Both Used	1	No	No	
Injury Type(s):				
Contributing Circumstances and Driver Actions				
Citation Number		Driver Actions		
DRIVER #2			Vehicle 2	
Name		ID Num	Rank	
(b) (6), (b) (7)(C)				
Branch of Service	Personnel Type	Status	Date of Birth	Place of Birth
Marine Corps	MILITARY	Regular (Active)	(b) (6), (b) (7)(C)	
Home Telephone			Work Telephone	
(b) (6), (b) (7)(C)				
Address				
(b) (6), (b) (7)(C)				
Organization			UIC / RUC	
1/3			32001	
Drivers License		Limitations on License	Driving Experience	
(b) (6), (b) (7)(C) USA		None	24	
Seat Belt Use	Seat Occupied	Chemical Test Given	Chemical Test Refused	BAC PCT
Both Used	1	No	No	
Injury Type(s):				
Contributing Circumstances and Driver Actions				
Citation Number		Driver Actions		
OCCUPANTS(S)				
PEDESTRIAN(S)				
PEDESTRIAN #1				
Name		ID Num	Rank	
(b) (6), (b) (7)(C)				
Branch of Service				

Personnel Type UNKNOWN		Status CIVILIAN	Date of Birth (b) (6), (b) (7)(C)	Place of Birth (b) (6), (b) (7)(C)
Home Telephone (b) (6), (b) (7)(C)			Work Telephone	
Pedestrian Was Going			Along/Across/Into	
From			To	
Pedestrian Actions Coming from Behind Parked Vehicle				
COMPLAINANT(S)				
OFFENSE(S)				
PROPERTY				
PROPERTY - NARCOTIC(S)				
WITNESS(S)				
WITNESS				DD2701 Issued :
Name (b) (6), (b) (7)(C)		ID Num	Rank	
Branch of Service Marine Corps	Personnel Type MILITARY	Status Regular (Active)	Date of Birth (b) (6), (b) (7)(C)	Place of Birth
Address (b) (6), (b) (7)(C)				
Organization MCAS DLNCIC20190417MAJ		UIC / RUC M01071	Work Telephone	
WITNESS				DD2701 Issued :
Name (b) (6), (b) (7)(C)		ID Num	Rank	
Branch of Service Marine Corps	Personnel Type MILITARY	Status Regular (Active)	Date of Birth (b) (6), (b) (7)(C)	Place of Birth
Address (b) (6), (b) (7)(C)				
Organization 1/3		UIC / RUC 32001	Work Telephone	
VICTIMS(S)				
VICTIM		Victim Type Individual	DD2701 Issued	
Name (b) (6), (b) (7)(C)		ID Num	Rank	
Branch of Service	Personnel Type UNKNOWN	Status CIVILIAN	Date of Birth (b) (6), (b) (7)(C)	Place of Birth
Sex : Male	Race : Mixed	Ethnicity : Hispanic		Resident of Jurisdiction :
Address (b) (6), (b) (7)(C)				
Organization MCAS		UIC / RUC M01071	Work Telephone	
ADDITIONAL VICTIM INFORMATION				
Offense(s) Committed Against This Victim :				
Relationship of Victim to Suspect(s) :				
Aggravated Assault Circumstances :				
Injury Type(s): Apparent Minor Injury				
SPONSOR(S)				
SUSPECT(S) / ARRESTEE(S)				
ADDITIONAL POLICE OFFICERS				
NARRATIVE				

At 1500, 15 AUG 19, PMO was notified via telephone, of a Multiple Motor Vehicle Accident (GOV-POV) which had occurred on Puuhawaiiola Road MCBH Kaneohe Bay HI, 96863. This is located in the special maritime and territorial jurisdiction of the United States.

Statements:

Driver-1 (b) (6), (b) (7)(C) provided me with a verbal statement essentially relating the following: I was backing out of the space trying to avoid hitting the car behind me. By the time I looked back, I already hit the other car.

(b) (6), (b) (7)(C) provided me with a verbal statement essentially relating the following: I was the ground guide for (b) (6), (b) (7)(C), I guess he couldn't see me from where I was standing when he hit the other vehicle and me.

Investigation:

Investigation revealed Driver-1 was operating Vehicle-1, reversing west out of a parking space on the top of Kansas Tower, when he failed to observe and avoid a collision with Vehicle-2. Vehicle-2 was parked facing north on top of Kansas Tower. As a result the rear left bumper of Vehicle-1 made contact with Vehicle-2 rear right door. In the process of Vehicle-1 reversing, Driver-1 also made contact with (b) (6), (b) (7)(C) right leg. (b) (6), (b) (7)(C) refused to be checked out by ALS and stated his right leg was a little sore and that he would go to medical himself. If any injuries appear on (b) (6), (b) (7)(C) I will include additional information in the report.

Damage:

Vehicle-1 did not sustain any damage.

Vehicle-2 sustained damage consisting of, but not limited to, a dent to the rear right door.

At 1410, 22 AUG 19, (b) (6), (b) (7)(C) arrived at PMO and provided medical documentation that showed the extent of injury; injuries included single contusion to the right thigh. (See enclosures 5,6)

Citations:

Driver-1 was issued (1) DD Form 1408 (F1216963) for Unsafe Backing.

ENCLOSURE(S)

ENCL #	DESCRIPTION
1	Photographs
2	Standard Form 91
3	DD Form 1408
4	Scale Diagram
5	Medical Release Form
6	General Instructions with Exit Writer

REPORTING/APPROVING OFFICIALS

Reporting Official (b) (6), (b) (7)(C) Accident Investigator	Date 23-AUG-2019	Approving Official (b) (6), (b) (7)(C) Accident Investigations Chief	Date 23-AUG-2019 FINAL APPROVED ON 23-AUG-2019
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DISTRIBUTION

Referred To/Assumed By :

Distribution :

Photo-1: Front left profile of Vehicle-2; no new damage shown.

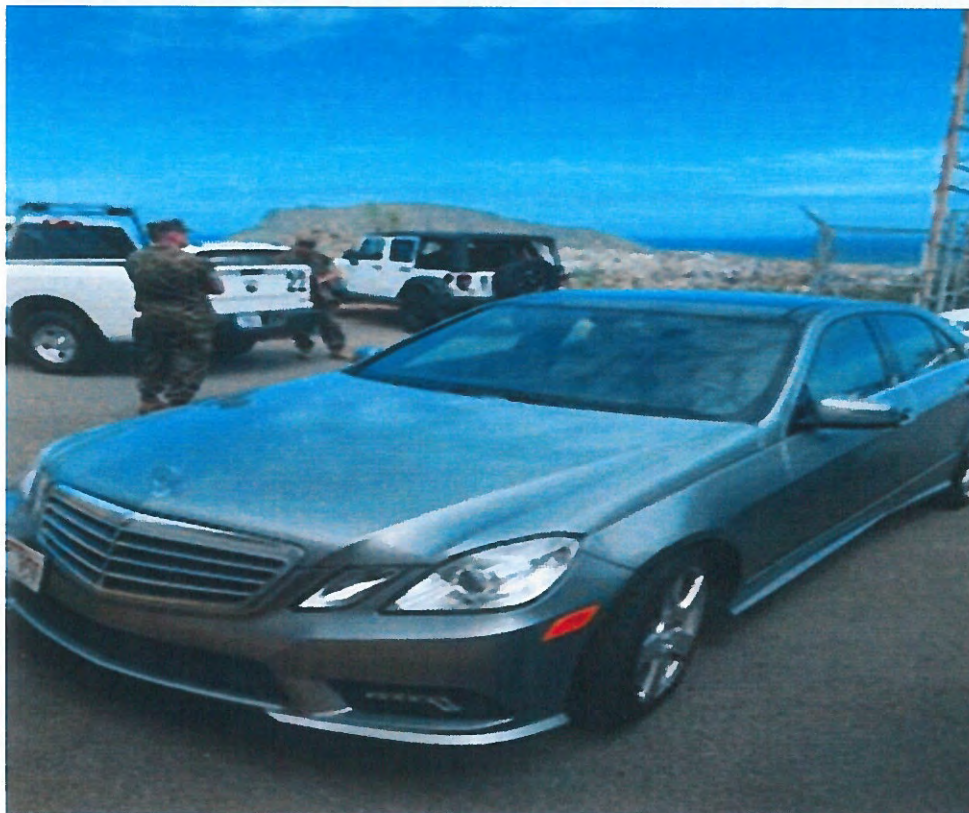


Photo-2: Rear right profile of Vehicle-2, new damage circled below.



Photo-3: Close up of Vehicle-2, damage consisting of, but not limited to a dent in the rear right door.



**MOTOR VEHICLE
ACCIDENT REPORT**Please read the
Privacy Act State-
ment on Page 3.INSTRUCTIONS: Sections I thru IX are filled out by the vehicle operator. Section X, Items 72
thru 82c are filled out by the operator's supervisor. Sections XI thru XIII are filled out by an
accident investigator for bodily injury, fatality, and/or damage exceeding \$500.**SECTION I - FEDERAL VEHICLE DATA**

1. DRIVER'S NAME (Last, first, middle) (b) (6), (b) (7)(C)		2. DRIVER'S LICENSE NO./STATE/LIMITATIONS (b) (6), (b) (7)(C)		3. DATE OF ACCIDENT 20190815	
4a. DEPARTMENT FEDERAL AGENCY PERMANENT OFFICE ADDRESS MCAS BL 2052				4b. WORK TELEPHONE NUMBER (208) 257-8432	
5. TAG OR IDENTIFICATION NUMBER 307AC 1C6RR6K6555		6. EST. REPAIR COST \$96558		7. YEAR OF VEHICLE 2018	
8. MAKE DODGE		9. MODEL 1500 RAM		10. SEAT BELTS USED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
11. DESCRIBE VEHICLE DAMAGE other Dent in side of car				Government Plates: 0951V	

SECTION II - OTHER VEHICLE DATA (Use Section VIII if additional space is needed.)

12. DRIVER'S NAME (Last, first, middle) (b) (6), (b) (7)(C)		13. DRIVER'S LICENSE NUMBER/STATE/LIMITATIONS (b) (6), (b) (7)(C)	
14a. DRIVER'S WORK ADDRESS V13		14b. WORK TELEPHONE NUMBER ()	
15a. DRIVER'S HOME ADDRESS (b) (6), (b) (7)(C)		15b. HOME TELEPHONE NUMBER (b) (6), (b) (7)(C)	
16. DESCRIBE VEHICLE DAMAGE Dent		17. ESTIMATED REPAIR COST \$	
18. YEAR OF VEHICLE 11		19. MAKE OF VEHICLE Mercedes	
20. MODEL OF VEHICLE E350		21. TAG NUMBER AND STATE TCP 957 / H1	
22a. DRIVER'S INSURANCE COMPANY NAME AND ADDRESS USAA		22b. POLICY NUMBER (b) (6), (b) (7)(C)	
23. VEHICLE IS <input type="checkbox"/> CO-OWNED <input type="checkbox"/> RENTAL <input type="checkbox"/> LEASED <input checked="" type="checkbox"/> PRIVATELY OWNED		24a. OWNER'S NAME(S) (Last, first, middle) (b) (6), (b) (7)(C)	
25. OWNER'S ADDRESS(ES)		24b. TELEPHONE NUMBER ()	

SECTION III - KILLED OR INJURED (Use Section VIII if additional space is needed.)

26. NAME (Last, first, middle)				27. SEX		28. DATE OF BIRTH	
29. ADDRESS							
A 30. MARK "X" IN TWO APPROPRIATE BOXES <input type="checkbox"/> KILLED <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> FED <input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER (2)							
31. IN WHICH VEHICLE				32. LOCATION IN VEHICLE		33. FIRST AID GIVEN BY	
34. TRANSPORTED BY				35. TRANSPORTED TO			
36. NAME (Last, first, middle)				37. SEX		38. DATE OF BIRTH	
39. ADDRESS							
B 40. MARK "X" IN TWO APPROPRIATE BOXES <input type="checkbox"/> KILLED <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> FED <input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER (2)							
41. IN WHICH VEHICLE				42. LOCATION IN VEHICLE		43. FIRST AID GIVEN BY	
44. TRANSPORTED BY				45. TRANSPORTED TO			
a. NAME OF STREET OR HIGHWAY				b. DIRECTION OF PEDESTRIAN (SW corner to NE corner, etc.)			
				FROM		TO	
46. Pedes- trian				c. DESCRIBE WHAT PEDESTRIAN WAS DOING AT TIME OF ACCIDENT (Crossing intersection with signal, against signal, diagonally; in roadway playing, walking, hitchhiking, etc.)			

SECTION IV - ACCIDENT TIME AND LOCATION (Use Section VIII if additional space is needed.)

47. DATE OF ACCIDENT 20190815
 48. PLACE OF ACCIDENT (Street address, city, state, ZIP Code; Nearest landmark; Distance nearest intersection; Kind of locality (industrial, business, residential, open country, etc.); Road description).
 49. TIME OF ACCIDENT 1433 AM
 Kansas Tower

50. INDICATE ON THIS DIAGRAM HOW THE ACCIDENT HAPPENED

Use one of these outlines to sketch the scene. Write in street or highway names or numbers.

a. Number Federal vehicle as 1, other vehicle as 2, additional vehicle as 3 and show direction of travel with arrow.

Example:

1 2

b. Use solid line to show path before accident and broken line after the accident

2

c. Show pedestrian by

2

d. Show railroad by

e. Place arrow in this circle to indicate NORTH



51. POINT OF IMPACT (Check one for each vehicle)

FED	2	AREA
		a. FRONT
		b. R. FRONT
		c. L. FRONT
		d. REAR
		e. R. REAR
		f. L. REAR
		g. R. SIDE
		h. L. SIDE

52. DESCRIBE WHAT HAPPENED (Refer to vehicles "Fed", "2", "3", etc. Please include information on posted speed limit, approximate speed of the vehicles, road conditions, weather conditions, driver visibility, condition of accident vehicles, traffic controls (warning light, stop signal, etc.) condition of light (daylight, dusk, night, dawn, artificial light, etc.), and driver actions (making U-turn, passing, stopped in traffic, etc.).

The vehicle was reversing slowly with a grand guide in view. Turning left the grand guide continued to motion back and quickly came out of view with the driver therefore resulting in the vehicle backing into the grand guide and vehicle.

SECTION V - WITNESS/PASSENGER (Witness must fill out SF 94, Statement of Witness) (Continue in Section VIII.)

53. NAME (Last, first, middle) A (b) (6), (b) (7)(C)	54. WORK TELEPHONE NUMBER ()	55. HOME TELEPHONE NUMBER (b) (6), (b) (7)(C)
56. BUSINESS ADDRESS MCAS	57. HOME ADDRESS (b) (6), (b) (7)(C)	
58. NAME (Last, first, middle) B	59. WORK TELEPHONE NUMBER ()	60. HOME TELEPHONE NUMBER ()
61. BUSINESS ADDRESS	62. HOME ADDRESS	

SECTION VI - PROPERTY DAMAGE (Use Section VIII if additional space is needed.)

63a. NAME OF OWNER	63b. OFFICE TELEPHONE NUMBER ()	63c. HOME TELEPHONE NUMBER ()
63d. BUSINESS ADDRESS	63e. HOME ADDRESS	
64a. NAME OF INSURANCE COMPANY	64b. TELEPHONE NUMBER ()	64c. POLICY NUMBER
65. ITEM DAMAGED	66. LOCATION OF DAMAGED ITEM	67. ESTIMATED COST \$

SECTION VII - POLICE INFORMATION

68a. NAME OF POLICE OFFICER Accident Investigator: (b) (6), (b) (7)(C)	68b. BADGE NUMBER (b) (6), (b) (7)(C)	68c. TELEPHONE NUMBER (808) 257-6987
69. PRECINCT OR HEADQUARTERS MCBH/PMO/Accident Investigations	70a. PERSON CHARGED WITH ACCIDENT (b) (6), (b) (7)(C)	70b. VIOLATION(S) UNSAFE Backing

SECTION VIII - EXTRA DETAILS

SPACE FOR DETAILED ANSWERS. INDICATE SECTION AND ITEM NUMBER FOR EACH ANSWER. IF MORE SPACE IS NEEDED, CONTINUE ITEMS ON PLAIN BOND PAPER.

SECTION IX - FEDERAL DRIVER CERTIFICATION

In compliance with the Privacy Act of 1974, solicitation of the information requested on this form is authorized by Title 40 U.S.C. Section 491. Disclosure of the information by a Federal employee is mandatory as the first step in the Government's investigation of a motor vehicle accident. The principal purposes for using this information is to provide necessary data for legal counsel in legal actions resulting from the accident and to provide accident information/statistics in analyzing accident causes and developing methods of reducing accidents. Routine use of information may be by Federal, State or local governments, or agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions. An employee of a Federal agency who fails to report accurately a motor vehicle accident involving a Federal vehicle or who refuses to cooperate in the investigation of an accident may be subject to administrative sanctions.

I certify that the information on this form (Sections I thru VIII) is correct to the best of my knowledge and belief.

71a. NAME AND TITLE OF DRIVER

(b) (6), (b) (7)(C)

71b. DRIVER'S SIGNATURE AND DATE

(b) (6), (b) (7)(C)

20190815

SECTION X - DETAILS OF TRIP DURING WHICH ACCIDENT OCCURRED

72. ORIGIN

on top of Kansas tower

73. DESTINATION

on top of Kansas tower

74. EXACT PURPOSE OF TRIP to go up to B16655 in order for equipment related inventory and record what equipment is in possession.

75. TRIP BEGAN

DATE

20190815

TIME (Circle one)

1330

a.m.
p.m.

76. ACCIDENT OCCURRED

DATE

20190815

TIME (Circle one)

1430

a.m.
p.m.

77. AUTHORITY FOR THE TRIP WAS GIVEN TO THE OPERATOR

☒ ORALLY ☐ IN WRITING (Explain)

78. WAS THERE ANY DEVIATION FROM DIRECT ROUTE

☒ NO ☐ YES (Explain)

79. WAS THE TRIP MADE WITHIN ESTABLISHED WORKING HOURS

☒ YES ☐ NO (Explain)

80. DID THE OPERATOR, WHILE ENROUTE, ENGAGE IN ANY ACTIVITY OTHER THAN THAT FOR WHICH THE TRIP WAS AUTHORIZED.

☒ NO ☐ YES (Explain)

81. COMPLETED BY DRIVER'S SUPERVISOR

a. DID THIS ACCIDENT OCCUR WITHIN THE EMPLOYEE'S SCOPE OF DUTY

☒ YES
☐ NO

b. COMMENTS

In scope of Duty

82a. NAME AND TITLE OF SUPERVISOR

(b) (6), (b) (7)(C)

82b. SUPERVISOR'S SIGNATURE AND DATE

82c. TELEPHONE NUMBER

SECTION XI - ACCIDENT INVESTIGATION DATA

83. DID THE INVESTIGATION DISCLOSE CONFLICTING INFORMATION. ☐ YES ☒ NO (If "Yes", explain below.)

84. PERSONS INTERVIEWED

NAME	DATE	NAME	DATE
a.		c.	
b.		d.	

85. ADDITIONAL COMMENTS (Indicate section and item number for each comment.)

SECTION XII - ATTACHMENTS

LIST ALL ATTACHMENTS TO THIS REPORT

SECTION XIII - COMMENTS/APPROVALS

86. REVIEWING OFFICIAL'S COMMENTS

For a copy of the PMO Traffic Accident Report, contact Freedom of Information Coordinator.

808-257-7712/8812

MCBH.G1.FOIA.FMB@USMC.mil

FAX: 808-257-3290

87. ACCIDENT INVESTIGATOR

a. SIGNATURE AND DATE

(b) (6), (b) (7)(C)

20150815

REVIEWING OFFICIAL

b. NAME (First, middle, last)

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

b. NAME (First, middle, last)

(b) (6), (b) (7)(C)

2019 AUG 19

c. TITLE

Accident Investigator

c. TITLE

Traffic Chief

d. OFFICE

MCBH/PMO/Accident Investigations

d. OFFICE

MCBH/PMO/Accident Investigations

e. OFFICE TELEPHONE NUMBER

(808) 257-6987

e. OFFICE TELEPHONE NUMBER

(808) 257-6974

ARMED FORCES TRAFFIC TICKET				<input type="checkbox"/> WARNING (See Remarks below)	NAME (Last, First, Middle Initial)
The person named below committed traffic violation set forth at the time and location, and on date shown, and was issued this traffic ticket.					
1. NAME (Last, First, Middle Initial) (b) (6), (b) (7)(C)					
2. RANK / GRADE		3. DATE OF BIRTH		4. SOCIAL SECURITY NO. (b) (6), (b) (7)(C)	
5. ORGANIZATION OR ADDRESS MCCAS					
6. DRIVER LICENSE NUMBER (b) (6), (b) (7)(C)				7. ISSUING AUTHORITY (State or Army) C	
8. MAKE OR TYPE OF VEHICLE Dodge truck		9. STATE LICENSE OR REGIS NO. 642 0951V		10. INSTL TAG NO. —	
11. DATE (Day-month-year) 2019		12. TIME		13. LOCATION Kansas Tower	
14. SPEED OVER LIMIT (mph in a high zone)		<input checked="" type="checkbox"/> 5 - 10 MPH		<input checked="" type="checkbox"/> 11 - 15 MPH <input checked="" type="checkbox"/> OVER 15 MPH	
VIOLATION	IMPROPER LEFT TURN	NO SIGNAL		CUT CORNER	
	IMPROPER RIGHT TURN	NO SIGNAL		INTO WRONG LANE	
	DISOBEYED TFC SIGNAL (When light turned red)	PAST MIDDLE INTERSECTION		MIDDLE OF INTERSECTION	
	DISOBEYED STOP SIGN	STOPPED WRONG PLACE		FAILED TO STOP	
	IMPROPER PASSING AND LANE USAGE	AT INTERSECTION		CUT IN	
		BETWEEN TFC		ON RIGHT	
FOL. TOO CLOSELY		OTHER VIOLATIONS (Describe) SE			
FAILURE TO YIELD					
PARKING		OVERTIME		DOUBLE PARKING	
PROHIBITED AREA		RAIN		AREA	
SLIPPERY PAVEMENT		SNOW		BUSINESS	
ICE		NIGHT		INDUSTRIAL	
DARKNESS		FOG		SCHOOL	
INCREASED		SNOW		RESIDENTIAL	
SERIOUSNESS		CROSS		HIGHWAY	
OTHER TRAFFIC PRESENT		ONCOMING		TYPE	
PEDESTRIAN		PEDESTRIAN		2 - LANE	
SAME DIRECTION		PEDESTRIAN		3 - LANE	
CAUSED PERSON TO DODGE		DRIVER		4 - LANE	
		JUST MISSED ACCT		DIVIDED	
VIOLATION				TRAFFIC ACCIDENT TYPE OF ACCIDENT: PD PI FATAL PEDESTRIAN VEHICLE HIT FIXED OBJ RIGHT ANGLE SIDESWIPE REAR END INTERSECTION HEAD ON RAN OFF ROAD	
15. REMARKS - Unsafe Backing					
16. NAME OF PERSON ISSUING TRAFFIC TICKET (b) (6), (b) (7)(C)					
17. ORGANIZATION AND INSTALLATION Pmo				18. RANK / GRADE (b) (6), (b) (7)(C)	

DD Form 1408, DEC 87

Previous edition is obsolete.

C of Violator or appropriate civil agency

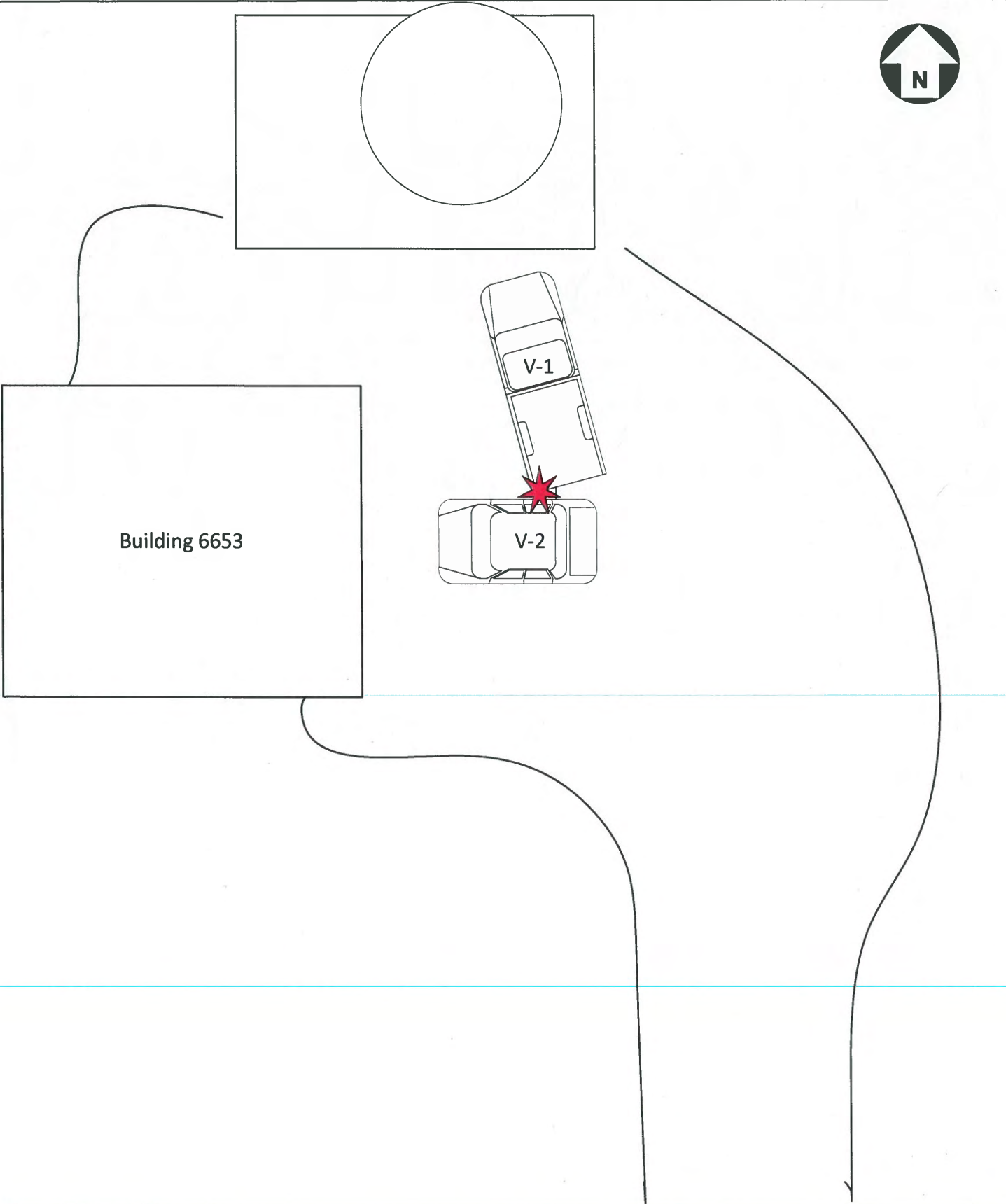
TICKET NUMBER
F 1216963

1902301004 37

ENCLOSURE (3)

SKETCH DIAGRAM

DATE OF INCIDENT	TIME	LOCATION	Investigator	CASE CONTROL NUMBER
20190816	1455	Puuhawaiiiloa Road MCBH Kaneohe Bay HI, 96863.	(b) (6), (b) (7)(C)	190230100437



DEPARTMENT OF THE NAVY

AUTHORITY TO RELEASE MEDICAL INFORMATION AND RECORDS

DATE 20190822

In connection with an official investigation, I, _____

(b) (6), (b) (7)(C)

hereby authorize and request any and all doctors, hospitals, and other institutions having information or records pertaining to any medical or psychiatric examinations or treatment that I have received at any time to furnish full and complete information relative thereto to any duly authorized representative of the

Provost Marshalls

who presents this authorization. This authorization specifically includes authority to release for examination and reproduction all pertinent psychiatric records, reports, diagnoses and clinical records, and specifically includes the request that any doctors with knowledge of my case freely furnish their evaluations and/or opinions.

(b) (6), (b) (7)(C)

(Signature)

Witness:

General Instructions with ExitWriter

Tripler Army Medical Center

1 Jarrett White Road, Honolulu, HI 96859 (808) 433-6629 / 3710 (ER)

Arrival Date/Time: 08/15/2019 18:06

Patient: (b) (6), (b) (7)(C)

Thank you for visiting the Tripler Army Medical Center-Emergency Department.
You have been evaluated today by (b) (6), (b) (7)(C) for the following condition(s):

(b) (6), (b) (7)(C)

The following test(s) and/or procedure(s) were performed during your visit today.

(b) (6), (b) (7)(C)

INSTRUCTIONS

(b) (6), (b) (7)(C)

Warnings: GENERAL WARNINGS: Return or contact your physician immediately if your condition worsens or changes unexpectedly, if not improving as expected, or if other problems arise. Return to ER for any worsening or any serious concerns.

Follow-up:

(b) (6), (b) (7)(C)

ADDITIONAL INFORMATION

Motor Vehicle Accident: No Serious Injury

Your exam today does not show any sign of serious injury from your car accident. It is important to

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ENCLOSURE 6